

Report of the Provider Workgroup of the National Adult Immunization Summit

May 14, 2013

OUTLINE OF THIS SESSION

- Workgroup Report
- What Works: The Evidence Base
- What Works: Real Life Examples
- Consideration on Provider Workgroup Activities for Year TWO

WORKGROUP REPORT:

1. Searchable resource database
2. Sought examples of “What Works”
3. Monthly meetings. Discussion about provider issues.

WHAT WE HEARD FROM THE SUMMIT LAST YEAR:

- Adult Immunization Resources
- Tools to improve immunization business practices
- Immunizations as more routine, automatic
- Training and quality assurance.
- Outreach to special groups
- Improve understanding of adult immunization



WORKGROUP EFFORTS

- Charge: To accomplish two or more actionable items
- Constituency: The average healthcare provider
- Met monthly. Forum for communication on issues of concern to healthcare providers.
- Searchable database of adult immunization resources
- Sought out examples of “What Works” : Displayed today and posted on this website:
http://www.preventinfluenza.org/profs_whatworks.asp

WHAT WORKS?

**ADULT
IMMUNIZATION
RATES**



PROVIDER WORKGROUP

- **Workgroup Co-Chairs**
 - Deborah Wexler, Immunization Action Coalition
 - Laura Lee Hall, American College of Physicians
 - Susan Farrall, CDC
 - Debra Hawks, American College of Obstetricians and Gynecologists
- **Workgroup Participation**
 - Janice Adkins, BD
 - Pamela Allweiss, CDC/Diabetes
 - Carolyn Bridges, CDC/Adult Immunization
 - Tammy Broghammer, Passport Health
 - Judith Coates, Sanofi Pasteur
 - Tamera Coyne-Beasley, NC Child Health Research Network & University of North Carolina
 - Leonard Friedland, GSK
 - Dial Hewlett, Pfizer
 - Pamela Hirsch, Veterans Administration
 - Michelle Holshue, American Public Health Association
 - John Kanaras, Merck
 - Marie-Michelle Leger, American Academy of Physician Assistants
 - Fran Lessans, Passport Health
 - Clem Lewin, Novartis
 - Kim Martin, Assn of State and Territorial Health Organizations
 - Matthew Reynolds, CDC/NCIRD
 - Alexandria Shevach, CDC/NCIRD
 - Carlie Shurtliff, Utah Health Department
 - Inderjit Singh, Merck
 - Annette Schmidt, Gerontological Society of America
 - Raymond Strikas, CDC/NCIRD
 - Laurel Wood, Immunization Action Coalition
 - LaDora Woods, CDC/NCIRD
 - Herb Young, American Academy of Family Physicians
 - Matthew Zahn, Infectious Diseases Society of America
 - Rick Zimmerman, Society of Teachers of Family Medicine



ADULT IMMUNIZATION RESOURCES SEARCHABLE DATABASE

- Getting the right resources into provider hands when they need it. An inventory of adult immunization resources
- New Adult Vaccination Resources Library. For patients and providers.
- Designed so users can pinpoint resources they need as individual consumers or as providers in their clinic settings
- <http://www.immunize.org/adult-vaccination/resources.asp>



CURRENT ENERGY: MANY ONGOING PROVIDER-RELATED EFFORTS

- National Foundation on Infectious Diseases
- American College of Ob/gyns
- American College of Physicians
- Healthmap Vaccine Finder
- The federal Adult Immunization Task Force
- Affordable Care Act
- Gerontological Society of America
- National Council on Aging Campaign

WHAT WORKS?

**ADULT
IMMUNIZATION
RATES**



WHAT WORKS?

- **Community Guide: Evidence-Based Strategies.**
- **Beyond the Community Guide: Tips and tools and buzz. The real-life examples.**



REMINDER ON WHAT WORKS: THE COMMUNITY GUIDE OUTLINES EVIDENCE-BASED STRATEGIES THAT WORK

Meta-Analysis of Interventions to Increase Use of Adult Immunization

Intervention	Odds Ratio*
Organizational change (e.g., standing orders, separate clinics devoted to prevention)	16.0
Provider reminder	3.8
Patient financial incentive	3.4
Provider education	3.2
Patient reminder	2.5
Patient education	1.3

*Compared to usual care or control group, adjusted for all remaining interventions

Stone E. Interventions that increase use of adult immunization and cancer screening services. Ann Intern Med. 2002; 136:641-51.

POTENTIAL IMPACT OF STRATEGIES TO INCREASE ADULT VACCINATION COVERAGE

Intervention	Population	Median increase
Immunization information systems	Adults	*
Client reminder/recall systems	Adults	6.1-12 percentage pts.
Health care-based interventions in combination	Adults	8 percentage pts.
Client or family incentive rewards	Adults	8.5 percentage pts.
Provider assessment and feedback	Adults	9-16 percentage pts.
Home visits	Adults	10 percentage pts.
Provider reminder systems	Adults	10-16 percentage pts.
Community-based interventions in combination	Adults	15 percentage pts.
Reducing client out-of-pocket costs	Adults	15-22 percentage pts.
Worksite: on-site, reduced-cost, actively promoted influenza vaccine	Adults, HCP	21 percentage pts.
Standing orders when used alone	Adults	27-28 percentage pts.

STANDING ORDERS

- Use of standing orders and patient/provider education at a public hospital resulted in 72% of women receiving postpartum Tdap (96% of those w/out contraindications or recent vaccination).¹
 - Population served is primarily Hispanic and medically underserved/underinsured
- Use of nurse standing orders to support an opt-out vaccination policy at a low-income urban family medicine center significantly increased influenza vaccination (to 49% from 36% the prior season).²
 - Worked across gender, race/ethnicity, age, high-risk status

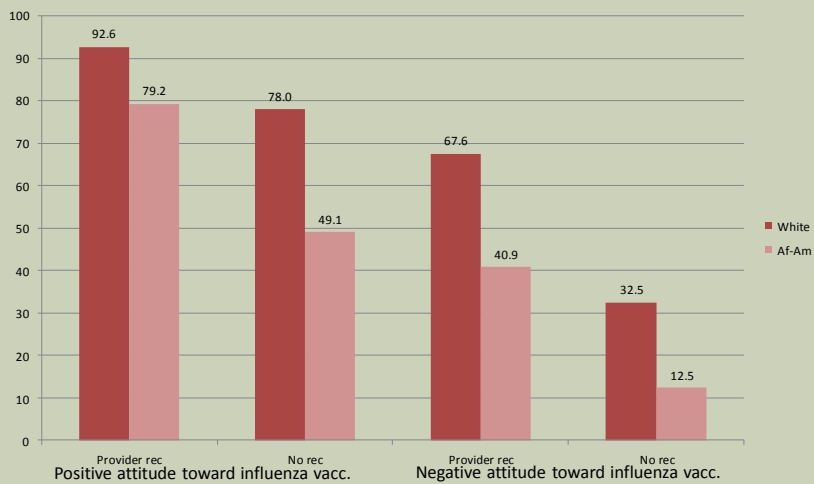
1. Healy et al. Pertussis immunization in a high-risk postpartum population. *Vaccine*. 2009.

2. Logue et al. An opt-out influenza vaccination policy improves immunization rates in primary care. *J Hlth Care Pr Undersrvd*. 2011.

STANDARDIZED OFFERING

- In a network of 7 primary care practices, standardized offer and assessment of vaccination status by medical assistants resulted in similar uptake of influenza vaccination by white and African-American patients 65 years and older.
 - 69% of white and 62% of African-American patients accepted vaccination (difference n.s. after adjustment for prior season vaccination receipt, age, gender, education)
 - No difference by race in proportion already vaccinated that season or citing vaccination as reason for office visit
 - Half of practices located in/near medically underserved areas
- Schwartz et al. Racial similarities in response to standardized offer of influenza vaccination. J Gen Intern Med. 2006.

PROVIDER RECOMMENDATION



Lindley MC et al. The role of attitudes in understanding disparities in adult influenza vaccination. Am J Prev Med. 2006.

PROVIDER REMINDERS

- In an RCT of older adults served by urban primary care centers, eligible seniors seen in practices using provider chart reminders and patient recall/outreach were more likely to receive influenza vaccination (64% vs. 22%)¹
- Effective in patients of all races but did not eliminate disparities
- In one clinic, including a prompt to discuss influenza vaccination in the electronic medical records of pregnant women increased coverage²
- 61% of women vaccinated versus 42% the previous season
- 90% of patients discussed influenza vaccine with provider

1. Humiston et al. Increasing inner-city adult influenza vaccination rates: a randomized controlled trial. Public Health Rep. 2011.
2. Klatt & Hopp. Effect of a best-practice alert on the rate of influenza vaccination of pregnant women. Obstet Gynecol. 2012.

TRANSLATING RESEARCH INTO PRACTICE

- The Community Guide identifies effective strategies.
- Let's now look at examples where groups have put effective strategies into place.



WHAT WORKS IN REAL LIFE

- Multicomponent interventions are the most effective. Multiple categories of interventions should be implemented simultaneously for maximum effect.
- Just because a strategy is defined as effective doesn't mean it makes sense: Cost, energy, labor.

WHAT WORKS IN REAL LIFE

- The NAIS Provider Workgroup found this in the real-life experiences of many provider groups:

Successful efforts have multiple synergistic elements that work together, fueled by one or more outstanding immunization champions.

EXAMPLES OF “WHAT WORKS”

- The Combo Package
 - A combination of strategies: The “package”
- The Human Champion
 - Human energy, human champions.
- Multi-messaging to Providers
 - Smart effective useful information
- The Evidence-Base
 - “What Works” is evidence-based

WHAT’S THE EQUATION?

The Combo Package +
The Human Champion +
Multi-messaging to Providers +
The Evidence-Base = **RESULTS**

WHAT WORKS IN REAL LIFE: EXAMPLES

Examples To Discuss Today

- American College of Obstetricians and Gynecologists
- Indian Health Service
- Pharmacists
- Providers with patients with heart disease
- NIH healthcare worker vaccination program
- Minnesota, Rhode Island, Massachusetts

ACOG

A combination of synergistic strategies were implemented:

- A strong organizational statement and new immunization department.
- A dedicated website (www.immunizationforwomen.org)
 - the CDC vaccine schedule,
 - office start-up instructions,
 - patient communication advice,
 - coding, finances, ordering, liability, links to other sites, and
 - specific vaccine topics that focus such as the pregnant/breastfeeding patient and female adolescents.
- A focused practice-driven intervention targeting individual practices in ACOG District V (MI, OH, IN, KY) and District XI (TX).
 - Project Objective: To increase the types and doses of immunizations given in ob-gyn practices AND – To build sustainable partnerships with each respective state health department (SHD) immunization program
- Working the Evidence-Base
 - They're on it; Tracking rates, deaths, hospitalizations,, member uptake
- Other Interventions:
 - Campaign involved 3 direct mailings of evidence-based immunization Toolkits to 35,000 ob-gyns in practice on Seasonal Influenza (Flu) 2011-2012 and in 2012-2013 as well as on Tdap in 2012 after release of the new ACIP Tdap recommendations.

ACOG: RESULTS THEY GOT

■ **Results They Got In District V Project:**

- 1/3 of sites added at least one vaccine
 - 19% giving more vaccine doses
 - 86% identified "vaccine coordinator"
 - 48% participate in State registry
 - 83% have SHD contact person
 - 41% actively working on office vaccine program
 - Resource utilization
 - 35% ACOG website
 - 49% CDC website
 - 44% vaccine schedule
 - Other practice changes
 - 39% integrate vaccine discussion during visits
 - 19% added vaccine info to chart
 - 14% added recall system for multi-dose call backs
- **National Data:**
 - Influenza immunization rates for pregnant women increased from 15% to 47% in 2009-10 during H1N1
 - 50% rate continued in 2010-11 and 2011-12 influenza seasons
 - 63% of pregnant women received a provider recommendation for influenza vaccination in 2011-12 influenza season

INDIAN HEALTH SERVICE: POPULATION SERVED

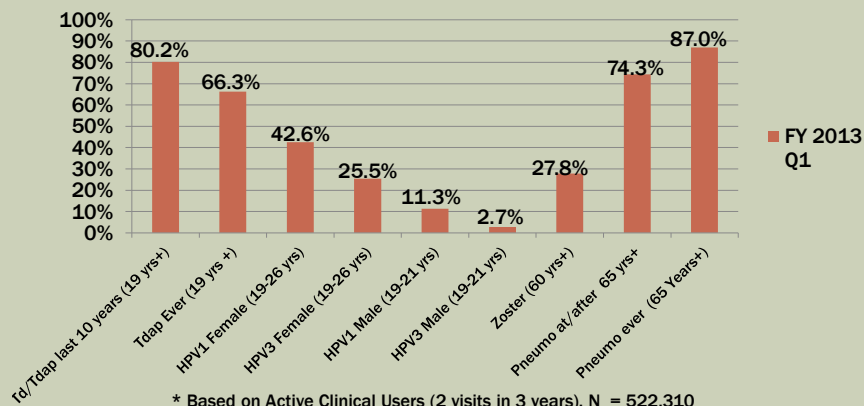
- Federal agency charged with providing healthcare to eligible American Indian/Alaska Native people.
- Eligibility: For members of one of the 566 federally – recognized tribes and residence in the IHS catchment Area.
- Population Served: Approximately 2 million patients each year through a network of IHS, Tribal, and Urban Indian health care facilities in 35 states.

INDIAN HEALTH SERVICE: LEVERAGING TECHNOLOGY

- Use of EHR and provider reminder prompts focusing on the following adult vaccinations:
 - Influenza for all ages
 - PPSV23 for 65 years+
 - PPSV23 for adults with high risk conditions
 - Tdap for everyone 19 yrs+
 - Td every 10 years
 - HPV
 - Females 19 - 26 years
 - Males 19 - 21 years
 - Zoster for 60 yrs +
 - Hepatitis A and B for patients who receive first dose

INDIAN HEALTH SERVICE: LEVERAGING TECHNOLOGY

IHS Adult Vaccination Coverage*
FY 2013 Q1 Reports



INDIAN HEALTH SERVICE: MOVING FORWARD

- Continue to develop provider reminders for medical risk based vaccine recommendations
 - Hepatitis B vaccine for diabetics
 - Hepatitis A and B vaccines for chronic liver disease and hepatitis C positive patients
 - PCV13 for immune-compromised patients



PHARMACISTS

- Multiple efforts among pharmacists. Multi-messaging. Evidence base. Champions from pharmacy chains and from professional associations. The “combo package.”
- One Group: The American Pharmacists Association and the “Full Package”
 - Strong organizational commitment to immunization
 - Dedicated website
 - Multiple messages to providers: Listserv 60,000 immunizing pharmacists, webinars, communications, close attention to ACIP recommendations, news alerts as needed.
 - Student pharmacist programs;
 - State incentive programs;
 - Policy work: Laws, policies related to immunization registries, pharmacist vaccination
 - Training that’s focused on building competencies of providers. Mandatory in most states. Franchised. Tested.

WALGREENS

- Over 8,000 points of care
- > 7 million flu shots administered
- 7 million immunization assessments
 - > 250K pneumonia and zoster vaccines administered
- Projects with Rhode Island, Chicago, Dallas, Election Day, African-American church community and 500 other community/state groups
- Walgreens pharmacists deliver more flu shots to Americans than any other entity besides the federal government

RITE AID

- In 4 years, Rite Aid has increased the amount of immunizations provided by pharmacists more than 20-fold, including significant increases in influenza, herpes zoster, pneumococcal, and pertussis vaccinations

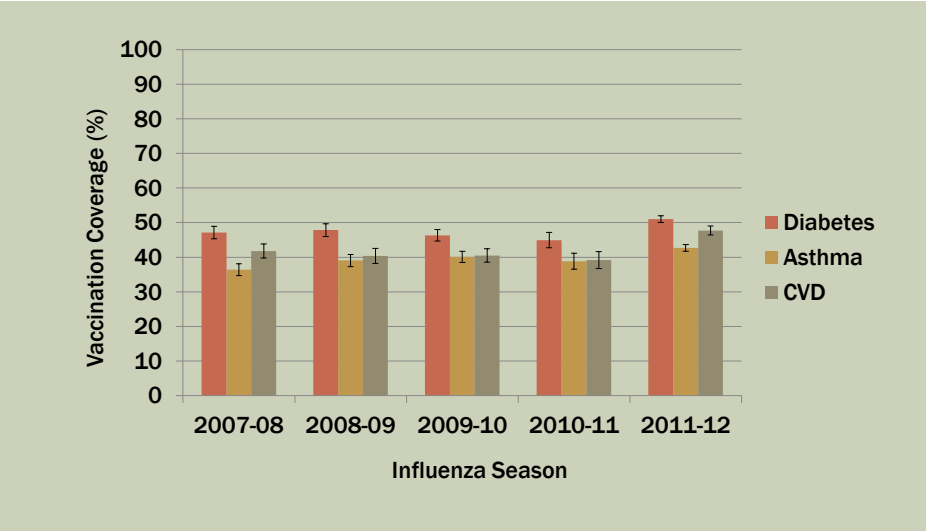
RESULTS FROM MULTIPLE PHARMACIST-RELATED EFFORTS

- Increasing proportion of influenza vaccinations are taking place in nonmedical settings.
- The proportion of adults vaccinated in stores:
 - 18.4%: In 2010–11 season
 - 7%: In 2006–07 season
 - 5% : In 1998–99 season

OUTREACH TO CARDIOLOGISTS

- Smart multi-messaging to cardiologists
 - Epocrates messaging reaching 40,000 cardiologists
 - Medscape training
 - Outreach from the American College of Cardiologists. American Heart Association.
- Targeted patient education materials
- Working the evidence base
 - Cardiac disease increased the risk of flu-related hospitalization by almost three-fold. Four randomized trials demonstrate reduced risk of cardiac events among vaccinated patients who have existing cardiac disease.

INFLUENZA VACCINATION COVERAGE AMONG ADULTS 18-64 YEARS WHO REPORTED SELECTED CHRONIC CONDITIONS, BRFSS 2007-2012



NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER

Influenza Immunization Among Healthcare Workers Summary 2012-2013

Compliant	3,201
Vaccinated	2,922
Vaccinated Outside*	222
Declined	57
Percent Compliant	100%
Percent Vaccinated	98.2%

OTHER EXAMPLES

- Rhode Island: New regulations covering healthcare workers vaccination, 22% increase
- Minnesota: Uninsured and Underinsured Adult Vaccine Program, 65,000 vaccination
- Massachusetts: Targeting high risk adults for flu vaccination, 4% increase in coverage

OTHER EXAMPLES: GERONTOLOGICAL SOCIETY OF AMERICA

- GSA's National Adult Vaccination Program
- Rosa Baier Article summarizes real-life examples of strategies that get results, including Rhode Island
- "Finding our way through barriers: What Works Summit" Thursday, August 22, 2013 - Washington, DC

FUTURE DIRECTIONS FOR THE WORKGROUP

Ongoing Efforts:

- Ongoing resource inventory and dissemination
- Ongoing collection of “what works” vignettes

Year Two Activities:

- Continue as a forum of communication on topics of interest to healthcare providers
- For Discussion Today:

What are the best action items for Year Two?

CONSIDER:

- **What can you or your organization do?**
- **Should I join the Provider Workgroup?**
- **What are the best action items for Year Two?**

SUGGESTED PRIORITIES FOR THE PROVIDER WORKGROUP

- ACA: What providers need to know.
- Business Practices & Business Tools
- Reimbursement
- Strategies to promote new adult immunization standards
- Strategies to increase the provider recommendation
- Training of providers before they practice or as in-service
- Vaccination of healthcare personnel
- Other ??